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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/175871
Filing Date	10/19/1988
First Named Inventor	Dan Kikinis
Title	METHOD AND APPARATUS FOR CONFIGURATION OF A
Art Unit	2758
Examiner Name	Robert B. Harrell
Attorney Docket Number	098888-7878

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23524

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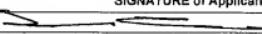
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I am the:
 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	16 OCT 2012
Name	Jeanne Suchodolski	Telephone	
Title and Company	Authorized Person for Intellectual Ventures I LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION REGARDING AUTHORITY TO SIGN
ON BEHALF OF A LEGAL ENTITY
37 C.F.R. 3.73(b)(2)(i)

I, Jeanne Suchodolski (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Intellectual Ventures I LLC.


Jeanne Suchodolski
Authorized Person for Intellectual Ventures I LLC

26 SEPT 2012
Date